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| INFORMATION DISCLOSURE<br>STATEMENT BY APPLICANT<br>(Not for submission under 37 CFR 1.99) | Application Number     |                 | 10645400             |  |  |
|--------------------------------------------------------------------------------------------|------------------------|-----------------|----------------------|--|--|
|                                                                                            | Filing Date            |                 | 2003-08-21           |  |  |
|                                                                                            | First Named Inventor   | Yukih           | iro Saida            |  |  |
|                                                                                            | Art Unit               |                 | 2625                 |  |  |
|                                                                                            | Examiner Name          | Hilina S. Kassa |                      |  |  |
|                                                                                            | Attorney Docket Number |                 | 9976-19US (OB0045US) |  |  |

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|                                                                                                                                                                                                                                                                                         | 1                  | 7173723                                 | B1                           | 2007-02         | -06                       | Hirofumi Ando                        |                        |        |                                                                          |            |            |
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| First Named Inventor     | Yukihiro Saida |                      |  |  |
| Art Unit                 |                | 2625                 |  |  |
| Examiner Name            | Hilina         | lina S. Kassa        |  |  |
| Attorney Docket Number 9 |                | 9976-19US (OB0045US) |  |  |

| 1                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |
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| Examiner Signatur     | Date Considered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |
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